DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
Erie, Pennsylvania

Medical Center Memorandum No. 00Q-123 **January 5, 2015**

SAFETY AND HEALTH DURING CONTRUCTION ACTIVITIES

I. **PURPOSE:** To establish policy and procedures to ensure that construction projects will be planned, coordinated and regularly inspected for compliance with applicable fire, infection control, environmental, security, safety and occupational health regulations and practices.

II. **POLICY:**

A. It is the policy of this Medical Center to develop, implement and enforce procedures to protect patients/residents, staff, visitors, and contractors from safety and health hazards associated with construction activities on VHA property and VHA-leased property at which VA-funded construction is occurring.

B. Construction activities will be defined to include delegated minor or non-recurring maintenance projects performed by contractors as well as station-level projects performed by contractors or Erie VA Medical Center personnel. Construction will also include non-delegated projects including majors, and the Medical Center will coordinate those construction impacts with the Chief Engineer.

C. The intention of this construction safety program is to reduce the potential for injury and illness to VA patients/residents, employees and visitors that might result from unsafe construction activities; to increase the level of construction safety expertise of VA employees; to decrease the potential for serious Occupational Safety and Health Administration (OSHA) violations; to provide a guideline for addressing safety-related construction issues; and to reduce the potential for property and liability exposures due to construction-related activities.

III. **DEFINITIONS:**

A. **Competent Person (CP):** OSHA defines a CP as one who is capable of identifying existing and predictable hazards in the surroundings and working conditions which are unsanitary, hazardous or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them (see 29 CFR 1926.32(f)).

B. **Construction:** OSHA defines construction as alteration or repair, including painting and decorating of a large scale or high-complexity. For further clarification of the definition of construction please refer to OSHA's letters of interpretation (see subpar. 5s).

C. **Construction Lead Person:** The construction lead person is typically the contractor's foreperson or superintendent, or the VHA foreperson or engineering supervisor. However, it could be any other individual assigned to lead and direct a work crew operation. This person acts as the OSHA CP responsible for monitoring the construction site for hazards and implementing corrective actions.

D. **Construction Safety Officer (CSO):** The CSO identifies worksite risk and coordinates risk reduction activities through the Contracting Officer (CO) or the Contracting Officers.

E. **Technical Representative (COR):** Collects deficiency information, and disseminates summaries of action and results (TJC standards, construction risks in physical environment). This individual satisfies the VAAR 852.236-87 (see subpar. 5p) requirement to have a Safety Officer to monitor and enforce Contractor compliance with FAR 52.236-13 (see subpar. 4r).

F. **High-Severity Serious-Construction (HSCS) Accidents:** HSCS accidents include fatalities and permanently disabling injuries or illnesses. This includes amputations, crushing with loss of use of body part, third to fifth degree burns or scalds, loss of sight, and respiratory illnesses. HSCS accidents include near misses that could result in fatalities or permanently disabling injuries or illnesses.

G. **Interim Life Safety Measures (ILSM):** ILSM is a series of eleven administrative actions to temporarily mitigate National Fire Protection Association 101 2000 Life Safety Code deficiencies or construction activities (TJC standards) (see Standards Sec. EC 5.5).

H. **Maintenance:** The term "maintenance" refers to applied trades work on a structure, fixture, foundation or other building systems to ensure a safe and functional condition.

IV. **RESPONSIBILITY:**

A. The Medical Center Director is responsible for:

1. Establishing and monitoring an effective facility construction safety program using a construction safety committee chaired by a member of management composed of a multidisciplinary team with the following members:

a. Contracting Officer

b. Contracting Officer Representative

c. Chief Engineer, Facilities Management Service (FMS)

d. Assistant Chief Engineer, FMS – Project

e. Infection Control Coordinator

f. Patient Safety Officer

g. GEM/Emergency Manager

h. Occupational Safety and Health Manager

i. VA Police

j. Employee Occupational Health Nurse

k. Local Union Safety Representatives (from affected bargaining units)

2. Ensuring that the Multi-disciplinary Team oversees:

a. Protection of patients, visitors, and employees from injury and illness, as well as occupational and healthcare associated infections related to construction activities.

b. Compliance with Federal and state EPA and OSHA regulations.

c. Compliance with FAR and VAAR in addressing a contractor's construction safety program.

3. Developing and implementing a written policy addressing the responsibilities of the Multi-disciplinary Team and establishment of a Construction Safety Committee or subcommittee.

4. Ensuring that the following VA staff complete OSHA's 30-hour Construction Safety training and, as a refresher, subsequently complete at least 10 hours of construction safety related training every 2 years:

a. VHA Chief Engineers, COR's Project Engineers, and Project Lead Persons;

b. All members of the Multi-disciplinary Team; and

c. CSO's and Facility Safety Program Managers.

B. The Multi-disciplinary Team is responsible for:

1. Determining the scope and depth of safety, infection control, emergency management, and security responsibilities as appropriate for all in-house and contracted construction work. The team may develop threshold criteria for each level of intervention. For instance, after review, some projects may require only VA CP surveillance to ensure employee safety and OSHA compliance, while other projects will require all disciplines to be involved.

2. Overseeing compliance with EPA, PADEP, and local environmental regulations during the construction phase of the work.

3. Conducting a pre-construction risk assessment to assess all hazards that affect health care, treatment, and services. The documented pre-construction risk assessments need to be conducted as part of the design or planning stage of the construction project or renovation.

   Pre-construction risk assessments must focus on eliminating, or minimizing, the aforementioned risks during construction and renovation activities.

4. The risk assessment for the transmission of Tuberculosis (TB) to the contracted construction workers. This is based upon the the facility annual TB Risk Assessment which includes, construction site location, patient population, hospital layout, and the defined risk as outlined in the "CDC Guidelines for preventing the transmission of Mycobacterium Tuberculosis in Health-Care Setting, 2005" (see subpar. 5v). Contracted construction worker(s) have been determined not to be at risk for transmission of TB to them based upon the annual facility TB Risk Assessment.

5. Ensuring ILSMs are assessed and implemented on all construction work according to TJC standards. ILSMs are required when Life Safety Code deficiencies or construction activities pose significant hazards as determined by the assessment.

6. Participating in all phases of construction work from planning through completion. This includes review and approval of construction plans, contract specifications, contract submittals related to construction safety and health, and any other documents that may assist in the implementation of an effective construction safety program. The Multi-disciplinary Team must be involved early in the process and continue oversight on a regular basis.

   NOTE: *Hazard Surveillance reports document non-compliant activities by daily inspection (minimum) until corrected as determined by the CSO. Reports include date, time, and members of the inspection team, deficiencies, type of corrective action, and time and date of correction. Hazard surveillance activities must be documented and tracked to completion.*

7. Acting as members of the Construction Safety Committee or subcommittee and meeting at least monthly.

8. Ensuring that documentation of the Team's inspections is provided to the CO or COR, RE, and the VISN Safety and Health Staff, as requested.

9. Reports Bi-monthly to the Environment of Care Committee with recommendations or issues.

C. The facility Chief Engineer is responsible for:

1. Working with contractor and VHA facility staff to coordinate and monitor an effective construction safety program for projects under their direction.

2. Acting as the Safety Officer in accordance with VAAR 836.236-87 and ensuring contractors comply with VA safety and health policies and procedures, and contract requirements.

3. Serving on the facility Construction Safety Committee, or subcommittee, to ensure contracts meet the committee's requirements.

4. Supporting the CSO, Facility Safety Manager, CO, and engineering staff in implementing the construction safety program.

D. The Contracting Officer (CO) is responsible for:

1. Ensuring that all solicitations include subparagraph (f) of FAR 52.236-13, to the contract language and the clause found in VAAR 836.236-87.

2. Designating, through a letter of delegation, the COR, CSO, Chief Engineer, FMS or Safety Program Manager to serve as the Safety Officer for VHA contracts.

3. Ensuring that all contracts and associated documents specify that all onsite contracted construction workers have completed the OSHA 10 hour Construction Safety training or the 30 hour Construction Safety training, and other relevant competency training, as determined by the COR/ CSO in coordination with the Multi-disciplinary Team. The determination for other relevant competency training is based on the project hazards and complexity, Federal and state regulations, and VA requirements. All projects require contractor verification of the completion of required training (see Attachment A).

4. Ensuring submittals for contract construction or renovation work include the names, qualifications, and training dates for the contractor CP designated to administer the site specific safety program, as well as the CP

for other activities as required by OSHA regulation (such as scaffolds, cranes, excavations, etc).

5. Evaluating and considering past safety records of prospective contractors in awarding contracts. At a minimum, ensuring that all solicitations and contracts require documentation, to be supplied by potential contractors, that specifies the contractor in question has no more than three serious, or one repeat, or one willful OSHA or EPA violation(s) in the past 3 years and has an Experience Modification Rate (EMR) of equal to or less than 1.0.

6. Serving on the facility Construction Safety Committee, or subcommittee, to ensure contracts meet the Committee's requirements.

7. Ensuring, in collaboration with Infection Control, that if contracted construction worker(s) have been determined to be at risk for transmission of TB to them based upon the annual facility TB Risk Assessment,

    a. Then, the contractor must provide written certification that all contract employees assigned to the work site have had a pre-placement tuberculin screening within 90 days prior to assignment to the worksite and been found have negative TB screening reactions. Contractors will be required to show documentation of negative TB screening reactions for any additional workers who are added after the 90-day requirement before they will be allowed to work on the work site.

        NOTE: *This can be the Center for Disease Control (CDC) and Prevention and two-step skin testing or a Food and Drug Administration (FDA)-approved blood test (see subpars. 5t and 5u).*

    b. Contract employees manifesting positive screening reactions to the tuberculin must be examined according to current CDC guidelines prior to working on VHA property.

    c. Subsequently, if the employee is found without evidence of active (infectious) pulmonary TB, a statement documenting examination by a physician must be on file with the employer (construction contractor), noting that the employee with a positive tuberculin screening test is without evidence of active (infectious) pulmonary TB.

    d. If the employee is found with evidence of active (infectious) pulmonary TB, the employee would require treatment with a

subsequent statement to the fact on file with the employer before being allowed to return to work on VHA property.

E. The Construction Safety Officer (CSO)/Contracting Officer Representative (COR) or Project Engineer responsibilities include project submittal reviews of all construction projects and:

1. Identifies work site risks.

2. Collects deficiency information.

3. Disseminates actions and results.

4. Provides oversight of contract construction safety, and is knowledgeable in the general inspection of typical work sites during construction and renovation performed by contract staff, and in the review of contractor safety program submittals.

   NOTE: CSO/COR(s) do not take the place of the contractor's CP or act on their behalf.

5. Determines if the contractor is meeting VA standards and contractual requirements for safety and OSHA compliance (Acting as the Safety Officer in accordance VAAR 836.236-87). When these standards and contract requirements are not being met, the VA COR or CO, in coordination with the CSO must take immediate action to prevent injury, exposure, noncompliance, or property damage.

6. Requires the contractor CP to implement and maintain an effective safety program that identifies and controls hazards that may cause injury or illness to VA patients, staff, visitors, and contractor employees; this includes:

   a. Ensures that the specific safety requirements for construction operations are implemented during facility projects.

   b. Participates in the VHA facility Multi-disciplinary Team established for the construction safety committee.

   c. Conducts daily walk-through of VHA construction sites to ensure compliance with safety elements of the established program(s), and at minimum documents weekly inspections of each work-site.

F. The Infection Control Coordinator is responsible for:

1. Determining/approving Infection Control Risk Assessments (ICRA) using the current AIA Guidelines.

2. Documenting ICRAs in writing and focus on eliminating, or minimizing, the risk of infection during construction and renovation activities.

3. Conducting site inspections on a regular basis to ensure compliance and the correction of any infection control issues found.

G. The Safety Manager is responsible for:

1. Overseeing compliance by contractors and VA staff with The Joint Commission, OSHA, State and local safety & health regulations during construction projects.

2. Conducting site inspections on a regular basis to ensure compliance and the correction of any safety hazards found.

3. Ensuring that Interim Life Safety Measures (ILSM) are implemented on all construction sites in accordance with the Joint Commission Environment of Care standards. Implementing ILSMs is the responsibility of the local medical center and contractors in accordance with VA Master Specification 01010, General Requirement.

H. Employee Health is responsible for ensuring that all construction workers who will be working in patient-care areas for 3 consecutive days or more submit proof of health care requirements per Attachment B. The contractor will provide this documentation to the project COR, who will forward the information to Employee Health for clearance. No construction worker will be allowed on station until all health care requirements are met and they are cleared by Employee Health.

I. The GEMS Coordinator is responsible for providing guidance on EPA regulations that directly and immediately relate to the impacts that the project may have on the environment during the design or construction stage of the project.

J. The Emergency Planning Coordinator is responsible for providing guidance on OSHA regulations as they apply to emergency planning, response, and operations in construction (e.g., 29 CFR 1926.35 and 29 CFR 1926.65).

K. The construction lead person (VHA Engineering Supervisors, VHA Forepersons, Contractor's Superintendent, Contractor's Forepersons, and other assigned lead persons) is responsible for:

1. Administering the site-specific construction safety program as the OSHA defined CP.

NOTE: *Inspections by CPs are required in accordance 29 CFR Part 1926.*

2. Acting as the CP for other activities as required by OSHA regulations; including, but not limited to scaffolds, cranes, and excavations.

L. The police and security officers are responsible for:

1. Ensuring all contractors entering VHA properties comply with the Security Management Program. As a minimum, contractors must notify and obtain permission from the VA Police, be identified by project and employer, and be restricted from unauthorized areas.

2. Providing consultation to the CSO, COR, or other responsible staff in periodic surveillance of site security and the integrity of barriers to the construction site.

M. CSO, authorized COs (or other personnel responsible through delegation of authority by the CO) with defined actions in this Directive are responsible for intervening whenever conditions, as a result of construction activities, immediately threaten life or health or threaten to damage equipment or buildings. Intervention authority and compliance with Directive 2011-036 and the associated regulatory requirements are as follows:

1. All staff are responsible for identifying hazardous conditions in need of intervention and for developing a culture of safety. Identified hazardous conditions must be communicated either orally or in a written format to authorized COs (or other personnel responsible through delegation of authority by the CO) who must take prompt corrective measures to include immediate abatement of hazards, stopping of work, hazard awareness training, administrative controls, etc.

2. Authorized COs (or other personnel responsible through delegation of authority by the CO) must notify the contractor both orally and in written forms of communication requesting immediate initiation of corrective action of any hazards identified. After receiving the notice the contractor must immediately take corrective action.

a. If the Contractor fails or refuses to promptly take corrective action, the CO may issue an order stopping all, or part, of the work until satisfactory corrective action has been taken (FAR 52.236-13).

b. Upon a repeat offense of the same or substantially similar hazard, the CO, in coordination with the COR/ CSO, needs to follow the processes for the termination of the contract, if the situation is not resolved using the process outlined in FAR 36.513. The CO exclusively or in collaboration with other personnel responsible through delegation of authority by the CO is responsible for enforcement of the contract.

V. **PROCEDURES:**

A. The Multi-Disciplinary Team:

1. Will meet monthly; Team Leader will be Chief Engineer, FMS or appropriate FMS designee

2. The agendas and minutes of the meetings will be the responsibility of the Team Leader. Minutes of the meeting will be distributed to all members of the team.

3. The Team Leader will provide a bi-monthly and annual report to the EOC Committee.

B. Planning Phase of Construction Projects:

1. The COR/CSO will in concert with the Infection Control Coordinator, the Safety Manager and other members of the Construction Safety Committee (CSC):

a. Participate in the pre-construction meetings and be involved in the planning phases for all renovation and new construction projects (see Attachment C).

b. Have input specific to the following major components (design):

1. Number and placement of isolation rooms

2. Air handling systems; use of adjunctive measures such as ultraviolet germicidal irradiation (UVGI) and filtration systems.

3. Number and placement of hand washing facilities

4. Staff and patient traffic patterns for the duration of the project

5. Relocation decisions regarding patient care areas, storage areas, etc.

6. Water supply and plumbing

7. Number and placement of eyewashes, emergency showers, hazardous chemical and compressed gas facilities

8. Construction waste containment, transport and disposal

9. Selection and installation of medical equipment as it relates to infection control

10. Selection of finishes and surfaces that can be effectively cleaned.

c. The Infection Control Risk Assessment (ICRA) will be determined by the Infection Control Coordinator for all construction projects. (in-house and contract) during the design or planning phase of the work (prior to bidding, purchasing or starting work).

The ICRA will be used to focus on eliminating or minimizing the risk of infection during construction and renovation activities. The complexity of the ICRA will be determined by the complexity of the hazards posed by the construction project. Assigned VA staff, including resident engineers or project managers for major construction, must confirm compliance during the construction phase of the work.

2. The COR/CSO, with the assistance of the members of the Construction committee will complete the Pre-Construction Risk Assessment and Construction Permit (see Attachment D). The Permit will then be signed by the COR/CSO, the Infection Control Coordinator, the contractor and/or the VA.

C. Operational Phase:

1. Medical Waste:

The Housekeeping Team will:

a. Remove any medical waste, including sharps containers, from areas to be renovated or constructed BEFORE the start of the project.

b. Notify the Infection Control Coordinator immediately if unexpected medical waste is found in the area.

c. Perform appropriate cleaning of all areas prior to the start of the project and at the completion of the project.

2. Barrier Walls: Construction or renovation sites must be separated from patient care areas and critical areas such as SPS and Pharmacy by barriers that keep the dirt and dust inside the worksite.

a. The integrity of the barrier walls must assure a complete seal of the construction area from adjacent areas.

b. Rigid construction (preferred) or fire-rated plastic sheeting (6 mil thickness) will be used, depending on the location of the project, adjacent uses, and duration of the project.

3. Environmental Control:

a. Negative air pressure and HEPA (High Efficiency Particulate Air) filter vacuum systems rated at 95% capture of 0.3% microns will be implemented as determined by the ICRA, within the construction zone

b. There should be no recirculation of air, and ventilation filters will be changed as needed.

c. Demolition debris will be disposed of into non-infectious waste trash bins and removed from the construction area daily, using specified traffic patterns. All waste bins will be tightly covered during transport outside the construction area.

d. "Sticky" or walk-off mats will be utilized immediately outside the construction zone and elevators to remove dust and soil from shoes, cart wheels, etc., as personnel exit the area. The "sticky" mat must be large enough to cover the entire exit and changed whenever necessary, but at a minimum daily.

e. Exterior window sills must be sealed to minimize infiltration of outside excavation debris; Windows will remain closed as much as feasible during the construction/renovation process.

f. Control, collection and disposal must be provided for any drain liquid or sludge encountered when Facility employees or contractors are demolishing plumbing.

4. Traffic Control:

a. Designated entry and exit procedures will be defined (in conjunction with any necessary Interim Life Safety measures) for each construction project where applicable. To the extent feasible the entry and exit procedures will be annotated on the contract drawings and explained during pre-bid and pre-construction meetings.

b. All egress pathways will be free of dust, debris or construction equipment.

c. Unauthorized personnel will not be allowed to enter the construction zone.

d. Only designated elevators will be used for construction activities during scheduled times.

e. Construction areas will be fitted with self-closing lockable doors and will remain locked at all times.

5. Cleaning:

a. The construction zone and adjacent entry areas will be maintained in a clean and sanitary manner by the contractors and will be swept and wet mopped at the end of each day or more frequently as required. Specific responsibility will be defined in the construction contract.

b. The VA Medical Center's Housekeeping Team will be responsible for the routine cleaning of adjacent areas including stairwells.

c. Tools and equipment must be damp-wiped prior to entry and exit from sterile and invasive procedure areas.

d. Tools and equipment soiled with blood and/or body fluids will be cleaned with an approved germicide.

6. Personnel Requirements:

a. Clothing will be free of loose soil and debris upon exiting the construction zone into the hospital areas.

b. Personnel entering sterile/invasive procedure areas will be provided with a disposable jumpsuit, head covering, and shoe coverings, which must be removed prior to exiting the work area.

7. Completion Phase:

a. The area will be thoroughly cleaned and disinfected by the Housekeeping Team before being placed into service.

b. The VA plumbing shop will disinfect and flush water supply lines before placing newly renovated or constructed areas into services. The Infection ControlCoordinator, Facility Safety Officer and

affected areas will be notified prior to the scheduled date for the flushing procedure.

8. Compliance Monitoring:

a. The Project Engineer or CSO/COR will conduct daily walk through of constructions sites and document weekly or as needed safety inspections of the work site.

b. Medical center staff (Project Engineer, Safety Officer and Infection Control Coordinator, CSO/COR) and the contractor will conduct compliance monitoring as necessary. The following parameters will be measured:

(1) Air quality

(2) Integrity of barrier walls and floors

(3) Infection control

(4) Traffic control

(5) Exits and Signage

(6) Fire Protection/Prevention

(7) Tools and Electrical Protection

(8) Housekeeping and misc. Items

VI. **REFERENCES:**

A. VHA Directive 2011-036, Safety & Health during Construction, dated September 22, 2011

B. MCM 00Q-501, Interim Life Safety Measures, (current edition)

C. MCM 00Q-505, Project Design and Review, (current edition)

D. OSHA 29 CFR 1926 Construction Standards

E. SOP for Ceiling Tile

VII. **FOLLOW UP RESPONSIBILITY:** Chief , Facilities Management Service

VIII. **REPORTING REQUIREMENTS:** The Multi-Disciplinary Team Leader will present a bi-monthly report and an annual report of the effectiveness of this policy, to the EOC.

IX. **RESCISSION:** MCM 00Q-123, Safety and Health During Construction Activities, dated November 2, 2011.

(Original Signed 1/5/15)
David P. Cord
Medical Center Director

Attachments: A. Contractor Training Requirements
B. Contractor Immunization Requirements
C. Construction Area Safety Checklist (COTR)
D. Risk Assessment Planning Stage Hazard Analysis Worksheet

ATTACHMENT A

Contractor Training Requirements				
Project #:	Project Title:			
Contractor (name of company):				
Project Scope/Complexity				
Does Project Include:	Yes	No	Name of Contractor's On-Site Competent Person	
Excavating				
Cranes, Hoists, Elevators				
Scaffolding				
Confined Spaces				
Steel Erection				
Roofing				
Hazardous Chemicals				
Documented Training	**Yes**	**No**	**Other (Describe)**	
General Contractor On-Site Forman training: OSHA 30 Hour course				
General Contractor Employee training: OSHA 10 Hour course				
Sub-Contractor #1				
Sub-Contractor #2				
Sub-Contractor #3				
Date Assessed by Construction Safety Team:				
Signature of Construction Safety Team Leader				
Include This Document in the Construction Folder				

ATTACHMENT B

Erie Veterans Affairs Medical Center
Contractor Immunization Requirements

Date:

Name: Date of Birth:

Company Name: Phone No:

Project: VA COTR:

IMMUNIZATION	REQUIRED PRIOR TO START DATE	DATE (S) OCCURRENCE/ IMMUNIZATION
CHICKENPOX REQUIRED	**One of the following is required**: 1. Strong verbal history of recollection of having Chickenpox is acceptable. 2. If unsure or unknown, blood work to determine Varicella titer should be done. If not immune, 2 doses of Varicella vaccine are required. Document the following: • Strong verbal history? **YES NO** (circle one) • If no, unknown or unsure, date of Varicella titer and results: • Vaccine dates if administered:	
RUBELLA **RUBEOLA** REQUIRED	**One of the following is required if born on or after 1/1/57:** 1. Physician documentation of disease. 2. Documentation of receiving **TWO doses** of Rubella or MMR vaccine (dates of both doses and type of vaccine is required). 3.Blood titer showing date of titer, level of titer & if this is an immune titer).	
TB SCREENING REQUIRED	TB Screening is to be done by Mantoux method (PPD) or FDA approved blood test no longer than one year prior to starting an assignment at Erie VAMC.. If HE/SHE HAS A HISTORY OF A POSTIVE PPD, THE INDIVIDUAL SHOULD HAVE DOCUMENTATION OF AN EVALUATION RULING OUT ACTIVE TB FROM THE ERIE COUNTY HEALTH DEPARTMENT OR THEIR PRIMARY CARE PHYSCIAN. If there is a past history of positive results, a questionnaire should be completed. This can be obtained by calling Erie VAMC Employee Health at (814) 860-2232. Document • Provide the date of testing and results or • Attach a copy of completed questionnaire.	

Reviewed by VA Employee Health Nurse: **Approve** **Disapprove** (circle one)

Comment(s): _____

Signature of VA Employee Health Nurse: _____

ATTACHMENT C

Erie VA Medical Center
Construction Area Safety Checksheet

Project Title _____

Area: _____

CONSTRUCTION AREA INSPECTION FOR THE WEEK OF: _____

	ITEM	YES	NO	N/A
1	All exit access routes and exits are free of obstructions; including locks that interfere with egress? (Exits myst be checked daily. If alternate routes or exits are required; training must be provided and documented)			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
2	Are all exit/directional signs are posted and readily visible?			
	Are all door closing and latching devices working properly?			
3	Is fire department and emergency vehicle access kept clear?			
4	Is there an operable fire alarm system in the construction area? (If there is a temporary system, show the date of last test. Temporary systems must be tested monthly.)			
5	Are sprinklers in the construction area operable? (Answer NA if area in unsprinkled.)			
	If sprinklers are not operable, has a fire-watch been implemented?			
	Is there clearance of at least 36 inches between top of stored material and sprinklers			
6	Are temporary partitions constructed of non-combustible or limited-combustible material, and do they form a smoke-tight barrier?			
7	Are there adequate fire extinguishers in the construction area? (General use: Minimum 2A rated and located within 100 feet. Flammable liquids/gases: Minimum 10B rated and within 50 feet.)			
	Have they been inspected and maintained?			
	Do contractor personnel know how to use them?			
8	No smoking, or evidece of smoking, was observed in the construction area.			
9	Debris is not being allowed to accumulate in the construction area, and the area is not being used for bulk storage.			
	Material is not stored within 36 inches of a fire door opening.			

ATTACHMENT C
(cont)

Erie VA Medical Center
Construction Area Safety Checksheet

	ITEM	YES	NO	N/A
10	Is hot-work being performed in the construction area?			
	If yes, does contractor have a current permit?			
	Are the permit requirements being followed?			
11	Are temporary heating devices being used in the construction area?			
	If yes, is there adequate ventilation?			
	Proper distance from flammables/combustibles (3 ft min)			
	Is the device stable (not a tip over hazard)?			
12	Are flammable/combustible liquids present in the construction area?			
	If yes, are they stored in proper containers?			
	Not stored in exits, stairways, or people traffic areas?			
	Amounts >25 gallons stored in an approved cabinet?			
	Sources of ignition are controlled?			
	Outside storage of combustible materials is stable and no higher than 20 feet.			
	Containers used for flammable/hazardous wastes are equipped with lids.			
13	In joint occupancy construction areas:			
	Are barricades erected to restrict access to hazardous operations?			
	Are caution signs posted at the entrances?			
	Are there any unguarded floor/wall openings?			
	Are there any tools or equipment left unattended?			
	Are appropriate signs posted (authorized personnel only, construction site, hard hat area)			
	Appropriate signs posted (authorized personnel only, construction site, hard hat area).			
14	Are the requirements of the Infection Control Construction Permit being followed? (Refer to the project-specific permit.)			
15	If fume/odor producing equipment or products are in use, have precautions been taken to prevent the fumes/odor from being drawn into occupied areas?			
16	Are there MSDS on hand for all products being used?			
17	Are trailers and other temporary structures at least 30 feet from any occupied building?			
18	Is gasoline powered equipment being used inside?			
	If yes, is there adequate ventilation?			
	Has the use been approved by the Safety Manager?			

ATTACHMENT C
(cont)

Erie VA Medical Center
Construction Area Safety Checksheet

	ITEM	YES	NO	N/A
19	Is excavation work being performed?			
	If yes, is it properly protected (sloped, shored, trench box)?			
	Materials/piles are not located within 2 feet of the edge?			
	Ladders for entry/exit are in good shape and located properly?			
	access?			
20	**Electrical Safety:**			
	Temporary wiring is grounded per the National Electric Code?			
	Precautions taken to make any open wiring inaccessible to unauthorized personnel?			
	Temporary lighting bulbs are equipped with guards, have heavy duty cords, and aren't suspended by the cord unless approved?			
	Any/all extension cords are in good condition and protected from damage?			
	Portable electric hand tools are double insulated or grounded?			
	Precautions taken to make any open wiring inaccessible to unauthorized personnel.			
	Outlets in construction site have GFI or GFICB or assured equipment grounding.			
21	**Housekeeping and Misc. Items:**			
	All door and latching devices are working properly.			
	Material is piled and stacked in a secure manner.			
	Passageways, stairs and work areas are free of debris.			
	Projecting nails removed or bent downward on scrap material.			
	Containers are provided for the collection and separation of waste, trash, oily and used rags, and other refuse.			
	Personal Protective Equipment provided and worn as necessary.			
	If fume/odor producing equipment/products are in use, have precautions been taken to prevent the fumes/odors from being drawn into occupied areas?			
	Construction area has adequate lighting.			
	Other:			
22	Does the contractor have a written Safety/Emergency Action Plan?			

ATTACHMENT C
(cont)

Erie VA Medical Center
Construction Area Safety Checksheet

LIFE SAFETY EVALUATION (for Healthcare Occupancies)

If any question 1-9 is answered "NO", an evaluation for Interim Life Safety Measures must be completed (Refer to MCM 00Q-501, Interim Life Safety Measures).

Action(s):

_____

_____

_____

_____

_____

_____

_____

If questions 1-9 are all answered "YES", no Interim Life Safety Measures are required at this time.

_____ _____
Signature of Inspector Date

cc: Project File
Contracting Officer
Safety Manager

ATTACHMENT D

Risk Assessment
Planning Stage Hazard Analysis Worksheet

Rate Potential for Compromise on Scale of 5 –1
5 being the highest possibility of occurrence or the weakest resources
1 being the least likely to occur or the strongest resources

List Type of Construction Activity
(New Construction/Renovation/Demolition)

Potential Compromise to:	Potential for compromise	List Patient Care Areas Impacted	List Non-Patient Care Areas Impacted	List Public Access Areas Impacted	List Control Activities Needed
Air Requirements					1) _____ 2) _____ 3) _____
Infection Control					1) _____ 2) _____
Utility Failure – (Check Effected Utility) ☐ Communications/telephone ☐ Electrical ☐ Generator ☐ Temperature ☐ HVAC ☐ Medical/Natural Gas ☐ Medical Vacuum ☐ Sewer ☐ Water ☐ Other					1) 2) 3) 4) 5) 6) 7) 8) 9)
Usual Noise Levels					1) _____ 2) _____ _____
Vibration Levels					1) _____ 2) _____
Emergency Procedures (Check Effected Procedures) ☐ Fire Safety ☐ Emergency Management (Disaster) ☐ Security ☐ Other:					